

District of Columbia ChalleNGe Academy

District of Columbia's Challenge Academy Overview

The District of Columbia National Guard ChalleNGe Academy is a program for 16-18 year old at-risk youth. The ChalleNGe Academy is designed to offer its Cadets (students) a variety of educational and vocational opportunities as well as life skills necessary to become successful members of their communities. District of Columbia's ChalleNGe is a 17-month two-phased military modeled training program. The first five months, the Resident Phase, is spent in Camp Riverview Scotland, Maryland 88 miles from the District of Columbia where the days are long, mental and physical activities are rigorous and personal time is very limited. In addition to physical training and classroom instruction, each participant completes 40 hours of community service activities. Upon successful completion of this phase, Cadets enter the 12-month Post Resident Phase. Here Cadets work toward the completion of their life plan by continuing their education or entering the job market. Cadets are also assigned a Mentor from their community who will keep in contact with them during the Resident Phase and become an active part in their success during the following Post Resident Phase.

Role of the Mentor Volunteer

The role of the Mentor is to serve as a role model, friend and advocate to a Cadet. Mentoring involves a one-on-one relationship between a youth and an adult wherein consistent support and guidance are provided.

During the Resident Phase, the Mentor maintains contact (telephone and letters) with their Cadet in an effort to provide support and guidance through this somewhat difficult time. The Mentor is also informed of the Cadet's plans upon graduation so that they may be able to better guide and assist them during the Post Resident Phase. The Mentor aids Cadets in maintaining the basic value and lifestyle changes introduced in the Residential Phase of the program. The goal of the Post Residential Phase is to build on these initial successes and to encourage continued growth and change. The Mentor is essential to assist these young adults to maximize their individual potential.

The goal of the Mentor is to aid the youth in attaining, as well as maintaining, the skills and confidence needed to become a responsible young adult. This will culminate in the youth's desire and ability to succeed in educational and employment opportunities.

How to become a District of Columbia's Challenge Mentor

The first step is to complete a Mentor Application. If you know a youth that is applying to District of Columbia's Challenge, you may include your application with that of the youth's. If you do not know a youth that is applying, you may submit the application, and we will match you with a youth from your area. To become a Mentor, you must be:

- 21 years of age or older
- A citizen of the US, or legal resident
- Employed, a full time student or retired
- Reside within 100 miles of the Cadet
- Same gender as student
- Unrelated to and/or not living in same household as Cadet
- Willing to agree to the following:
 - ◆ Sign a Mentor Contract and Agreement
 - ◆ Agree to a criminal background, check obtain a favorable criminal background check
 - ◆ Attend Mentor Training

If you meet, and understand these criteria you will begin the formal application process. The application includes three personal reference sheets that must be completed before an interview is given. Once received and the Regional Coordinator in your area completes the initial screening, a formal interview will be set, a background check will be initiated and training will be completed. Once you complete and pass all areas of this process, you will become a District of Columbia's ChalleNGe Mentor.

Mentor Training

Training will be provided to give you program-specific information that is essential to assist the Cadet in pursuit of his/her goals. Also, included in the training is valuable information on how youth view the world and suggestions on how to deal with often-difficult situations that may be experienced in the mentoring relationship.

Mentor/Cadet Relationship

As a LCP Mentor, you are expected to maintain contact with your Cadet for 14 months. During the Resident Phase, communication is primarily letters and telephone calls. Mentors are encouraged to visit their Cadet on Visitation Days and attend a scheduled Mentor/Mentee Match Ceremony. During the Post Residency Phase the Mentor maintains contact with their Cadet at least four times a month (once a week, of which one meeting must be face to face.) At the end of each month a report must be submitted to the Regional Coordinator indicating what happened at those meetings as well as any problems, changes or progress made by the Cadet. Mentors must notify the Regional Coordinator immediately of any changes in addresses, phone numbers or significant problems with their Cadet.

Mentor Acceptance Process

If you are interested in becoming a District of Columbia's Challenge Mentor please refer to the Application Checklist on the back of this packet and complete the application. If you know someone else who is also interested, have them call (202) 685-9986 to request an application. If you have a specific student in mind, include their name on your application where indicated. If you don't have a specific student in mind, simply indicate that you are willing to be matched with any Cadet. Be sure to complete the application fully and completely to include the notarized section. Send the completed application to the Regional Coordinator closest to you. Once the application is received all you have to do is participate in an interview, attend training---and you're a MENTOR!!

AUTHORITY: PUBLIC LAW 102-484

PRINCIPLE PURPOSE: TO DETERMINE WHETHER APPLICANT MEETS ELIGIBILITY CRITERIA FOR ACADEMY.

ROUTINE USE: TO DOCUMENT INFORMATION ON APPLICANT WHICH MAY BE USED DURING SELECTION PROCESS; TO PROVIDE STATISTICAL DATA; AND FOR ROUTINE PERSONNEL MANAGEMENT ACTIONS IF APPLICANT IS SELECTED FOR ACADEMY.

DISCLOSURE IS VOLUNTARY; HOWEVER, FAILURE TO FURNISH INFORMATION WILL RESULT IN REJECTION OF APPLICANT.

Mentor Application

RETURN TO:

PRINT CLEARLY IN INK OR TYPE

Date: _____

1. SOCIAL SECURITY NUMBER _____ - _____ - _____

2. _____
Last Name & (Maiden Name,if Applicable) First Middle (SR, JR, III, etc)

3. RACE (Necessary for Background Check)

- ____ Alaskan Native or American Indian
____ Asian or Pacific Islander
____ Black, not of Hispanic origin
____ Hispanic
____ Multiracial
____ Other
____ White, not of Hispanic origin

4. GENDER: MALE FEMALE

5. DATE OF BIRTH ____/____/____
Month - Day - Year

6. EMAIL ADDRESS: _____

7. (_____) _____
Home Phone Number

(_____) _____
Work Phone Number

8. _____
Address (PO Box, Apt # etc.)

City

State

Zip

County

9. _____
Present Employer/School

10. _____
Work Address City State Zip

11. Occupation _____ Length employed: _____

May we contact your employer? Yes _____ No _____

12. List other employment for the past 3 years (most recent first)

Position Employer Length of Employment

13. Education: High School _____ Year Grad _____

College/Univ. or Tech Training _____ Year Grad _____

14. Marital Status (Circle One): SINGLE MARRIED DIVORCED SEPARATED WIDOWED

_____ 15. Number of Children _____

Spouse's Name

16. Valid Driver's License: Yes___ No___ State: _____ Driver's License Number: _____

17. Do you have your own transportation? Yes_____ No_____

If no, do you have access to transportation? Yes_____ No_____

Do you have vehicle insurance? Yes_____ No_____

*18. Have you ever been arrested, convicted and/or sentenced for a crime? Yes _____ No_____

*19. Have you ever sought treatment/counseling for drugs and/or alcohol abuse? Yes_____ No _____

* Are not absolute discriminators for acceptance as a District of Columbia's ChalleNGe Mentor

20. If known, enter the name of the Cadet you would like to mentor:

Last Name First MI

21. Available for Interview: _____ Morning Afternoon Evening Home or Work Phone
Day(s) of Week (Circle one) (Circle one)

22. CERTIFICATION: I UNDERSTAND THAT WITHHOLDING INFORMATION REQUESTED ON THIS APPLICATION OR GIVING FALSE INFORMATION MAY MAKE ME INELIGIBLE FOR ACCEPTANCE INTO THE DISTRICT OF COLUMBIA'S CHALLENGE MENTOR PROGRAM OR SUBJECT TO DISMISSAL AS A MENTOR. WITH THIS IN MIND, I CERTIFY THAT THE ABOVE STATEMENTS ARE CORRECT AND COMPLETE TO THE BEST OF MY KNOWLEDGE. I FURTHER UNDERSTAND THAT THIS APPLICATION WILL BE RETURNED IF I HAVE NOT PROVIDED ALL THE INFORMATION NECESSARY TO PROCESS THE APPLICATION.

Privacy Act Statement

I understand that all forms and information obtained from me and about me will be held in confidence by the Agency. Only my application is accessible to me and all other information becomes the property of the Agency. The Agency will not release, unless required by law, information from the volunteer file to outside sources without my written approval other than verification that I am a volunteer. I understand that certain information such as Name, Address and Employment may be released to the Mentee's parents or affiliated Agency. In addition, periodically volunteer files are audited for the purpose of program evaluation by the Agency's Nonresident Office and the District of Columbia's ChalleNGe Program, which will uphold the volunteer's confidentiality.

SIGNATURE: _____

DATE: _____



FOR OFFICE USE ONLY

Mentor Database Entry: _____ **Class #** _____ **Region** _____

Date

Entered By: _____

MENTOR LIABILITY RELEASE

I understand and agree that I will be the one actually spending time with my matched Cadet, and that I must exercise care in supervising my Cadet while we are together. I also understand and agree that I am not a District of Columbia's ChalleNGe agent, and the District of Columbia's ChalleNGe does not retain any power to control how these activities are conducted except to require these activities to be conducted in the State of District of Columbia. I, therefore, agree that District of Columbia's ChalleNGe will not be liable for, and I agree to hold District of Columbia's ChalleNGe harmless from any and all liability, causes of action and losses imposed on it in any way relating to or arising out of this mentoring agreement, including, but not limited to, liability for personal injuries, whether the liability, cause of action, or loss is caused by my negligence, or District of Columbia's ChalleNGe negligence or otherwise. I further release District of Columbia's ChalleNGe from any and all liability, claims, demands or actions or causes of action whatsoever arising out of any damage, loss or injury I might incur while participating in any of the activities contemplated by this mentoring agreement, whether such damage, loss, or injury is caused by the negligence of District of Columbia's ChalleNGe, its officers, agents, servants, employees or otherwise.

Printed Name: _____

Mentor's Signature: _____

Date: _____

MENTOR

AUTHORIZATION FOR RELEASE OF PERSONAL INFORMATION

For the period of one year from the execution of this form I, _____,

(PRINT) Mentor's Name

do hereby authorize a release of all said records concerning myself to any duly authorized agent(s) of the District of Columbia's ChalleNGe Academy, whether the said records are of a public, private or confidential nature.

The intent of this authorization is to give my consent for full and complete disclosure of information from any person or agency to include: **educational institutions; records maintained by the National Personnel Records Center and the US Veteran's Administration; County, State or Federal Law Enforcement Agencies; employment and pre-employment records, including background reports, efficiency ratings and complaints or grievances filed by me or against me; psychiatric or psychological and social history/assessment records, wherever they may be maintained, including the District of Columbia Department of Children and Family Services; and records pertaining to previous volunteer experience.**

I understand that any information obtained by a personal history background investigation which is developed directly or indirectly, in whole or in part, upon this release authorization will be considered in determining my suitability as a District of Columbia's ChalleNGe Mentor. I also certify that any person(s) who may furnish such information concerning me shall not be held accountable for giving this information; and I do hereby release said person(s) from any and all liability which may be incurred as a result of furnishing such information. I further release the District of Columbia's ChalleNGe Academy from any and all liability which may be incurred as a result of collecting such information.

A photocopy of this release form will be valid as an original thereof, even though the said photocopy does not contain an original in writing of my signature.

I have read and fully understand the contents of the "Authorization for Release of Personal Information".

MENTOR Signature (include maiden name)

Date _____

Mentor Social Security No.: _____ Mentor Date of Birth: _____

Mentor Address: _____

Mentor Home Phone: (____) _____

Mentor Bus. Phone: (____) _____

State of District of Columbia

County of _____, TO WIT: I, _____, a Notary Public in and for the above County and State, certify that _____ whose signature appears on the above document,

personally appeared before me in my said County and State and did then and there sign the above document.

Given under my hand this _____ day of _____, 20____.

My Commission expires:_____.

Notary Public

District of Columbia's **ChalleNGe Academy**

Reference Form

Mentor's Name:_____

Social Security Number:_____

Cadet's Name:_____

Region:_____

Personal References (2)

Name:_____

Address:_____

Street, P.O. Box, Apt #

City

State

Zip

Home Phone: () - _____

Work Phone: () - _____

Years known:_____

.....

Name:_____

Address:_____

Street, P.O. Box, Apt #

City

State

Zip

Home Phone: () - _____

Work Phone: () - _____

Years known:_____

Professional Reference

Name:_____

Employer:_____

Job Title:_____

Work Phone: () - _____

Home Phone: () - _____

Years known:_____

District of Columbia's ChalleNGe Academy

Mentor Interview Questions

Region: _____

Date: _____

Mentor's Name: _____

Mentee's Name: _____

1. What interested you in becoming a District of Columbia's ChalleNGe Mentor?

2. What experience do you have with troubled youth?

3. What are your expectations about being a Mentor?

4. What will you bring to the relationship that will make it a unique experience for you and your Mentee?

5. What attitudes and beliefs are of special importance to you?

6. Are you related to the Mentee that you are mentoring and if so what is your relation?

7. Do you live with your Mentee? _____

8. Have you ever been arrested, convicted and/or sentenced of a crime? If so, please explain the circumstances. _____
